



Out-of-Jurisdiction Rescue Expense Reimbursement Request (ERR)

Claimant: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Task #: _____ ERR #: _____ Date of Task: _____

Departure from hall: _____ hrs	Back at hall _____ hrs	Total time: _____ hrs _____ min
All Found Rate (min. 1 hour then round to the nearest ¼ hour up or down)		
Clean up Rate (additional ¼ hour of All Found Rate when rescue services are rendered)		
Consumable Supplies Rate (when rescue services are rendered)		
Distance travelled beyond 150 km		_____ Km x _____ = <small>(km > 150) (current rate)</small>
See 5.17 Out-of-Jurisdiction Rescue Reimbursement Schedule for rates		Total Claim:

Signature of Claimant: _____

Title: _____ Date: _____

Telephone: _____ Email: _____

This box is for EMCR use only.

Equipment Repair/Replacement Request approval: Yes No

QR/EA Comments:

Goods and Services received:

EMCR Region Staff

Date

<p>EMCR Headquarters use only.</p> <p><i>I do hereby certify that the amount to be paid is correct, complies with the appropriate statute or other authority where required, the goods have been received and/or other conditions have been met:</i></p> <p>Spending Authority: _____</p> <p>Resp: _____ Account: _____ STOB: _____ Project #: _____</p> <p>Commitment #: _____ Supplier #: _____ INV #: _____</p> <p>Entered by: _____ Date: _____</p>
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